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10/697,083	10/31/2003 RULE	063	3677	ASHTON0009

APPLICANTS

Wesley Scott Ashton, Lorton, VA;

**** CONTINUING DATA *******

This application is a CIP of 09/881,806 06/18/2001 PAT 6,675,613

**** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** * SMALL ENTITY ****
01/31/2004

Foreign Priority claimed 35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance JL Initials	STATE OR COUNTRY VA	SHEETS DRAWINGS 6	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 1
Verified and Acknowledged /Jack W. Lavinder/ Examiner's Signature						

ADDRESS

Wesley Scott Ashton
 8549 Black Foot Court
 Lorton, VA 22079
 UNITED STATES

TITLE

Tongue and mouth stud for dispensing a substance

FILING FEE RECEIVED 905	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit